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MEMOIR

OF

D. HAYES AGNEW, M.D., LL.D.

Prepared at the request of and read before the College of Physicians,
Philadelphia, January 4, 1893,

By J. WILLIAM WHITE, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

(*Reprinted from University Medical Magazine, February, 1893.*)

Columbia University
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College of Physicians and Surgeons

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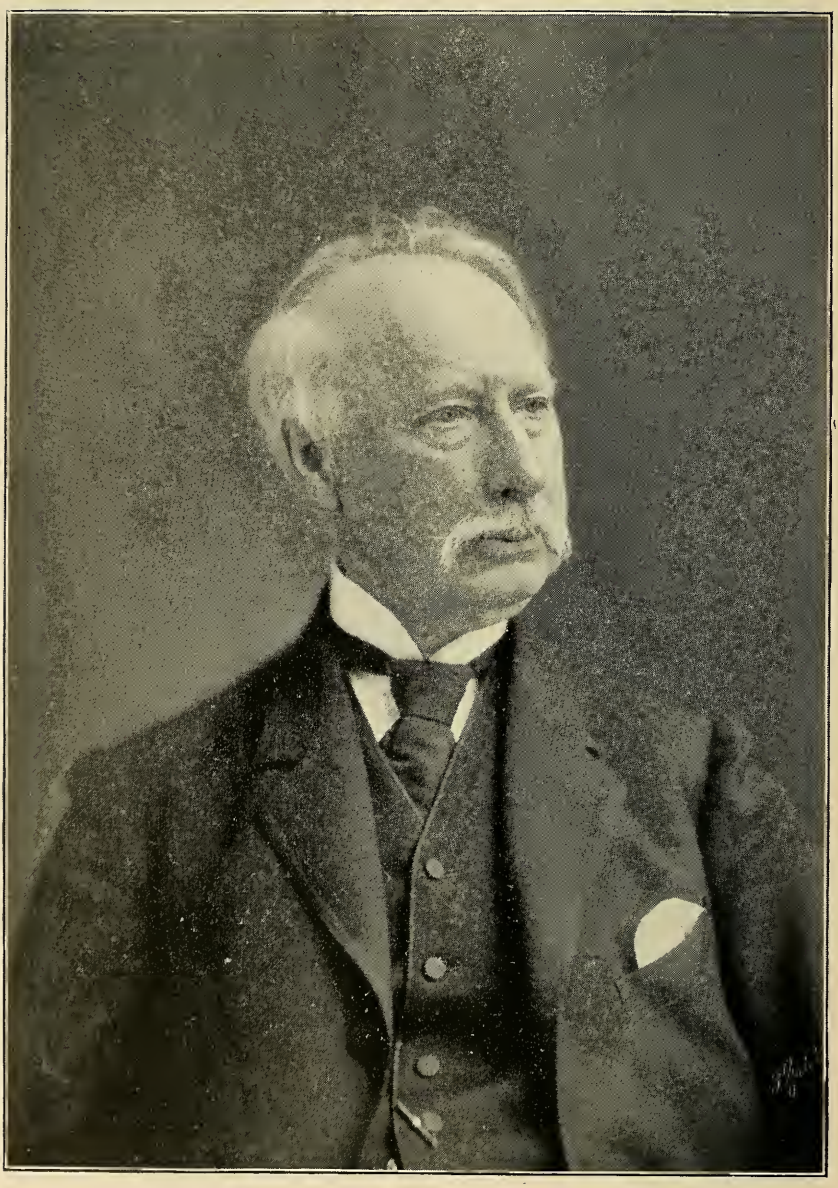

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MEMOIR OF D. HAYES AGNEW, M.D., LL.D.

In discharging the task which has been assigned to me by the President of the college, and which I regard as at once a duty and an honor, I do not propose to detain you with an account of the early life and work of Dr. Agnew, nor with many biographical dates or details. The excellent custom of embodying such information in the memoirs of distinguished Fellows may well be disregarded in this instance, as a biography of Dr. Agnew just published gives the main incidents of his long and useful career. I shall, accordingly, content myself with the briefest possible statement of the facts which seem essential in attempting to arrive at a just estimate of his position and rank in the profession of this country and among the surgeons of the world, and with a few reminiscences, in which I beg you to excuse occasional mention of my own views or experiences, for the reason that everything relating to him is of interest to hundreds, and is, therefore, worth recording.

He, himself, said not very long ago, in a sketch of his dear friend, Dr. Beadle, that "to preserve, in some tangible or permanent form, a record of the life-work of those who, after having achieved distinction in some one or more of the various spheres of human pursuits, have gone to swell the ranks of the great silent majority is a custom no less commendable than beautiful."

Dr. Agnew was born in Lancaster County, November 24, 1818, of a family which, it is said, can be traced through many generations of North of Ireland and Scotch ancestry to Norman progenitors. In this country, for nearly two centuries, it has been prominent in the history of Pennsylvania, and especially in that of the county of his birth. He was educated at Moscow College, in Chester County, spent some time (1833–34), at Jefferson College, in Canonsburg, Pa., and a year (1834–35), at Delaware College, Newark, Del. He graduated in the medical department of the University of Pennsylvania in 1838, before he was twenty-one years of age. The first few years of his professional life were spent in practice in the vicinity of Nobleville and Pleasant Garden, Chester County. During this time he married (1841), and, being invited to enter the business which had been left by his wife's father, he joined his brothers-in-law in the formation (1843) of

the firm of Irwin & Agnew, iron founders. Fortunately this venture was unsuccessful. The firm failed in three years (1846), from causes associated with a general depression of the iron industry, which occurred at that time, and from the absence in the locality of their works of sufficient facilities for the transportation of ore and fuel. Dr. Agnew returned to the practice of medicine, and for two years (1846–48), practiced in Chester and Lancaster Counties. He was not content, however, with the future which opened up before him. His natural bent was toward the study and teaching of anatomy and surgery. In the country opportunities for dissection were obtained with the greatest difficulty, and there were not only no classes to whom to impart information, but no colleagues or co-workers with whom to discuss it. For these reasons, and probably because he had a consciousness, even though vague and unformulated, of the capacity for good work which lay within him, he came to Philadelphia, in 1848, with the purpose of making it his permanent home, and of prosecuting his studies in his favorite subjects.

I have always regarded this step of Dr. Agnew's with unmixed admiration. He was then thirty years of age. He had had seven years of country practice and three years of business experience. His life thus far had been a hard and laborious one; his disappointments must have been bitter and, as regards his extra-professional essay, almost overwhelming. He had not only failed to accumulate any capital, but he had business debts which, to his sensitive and upright nature, seemed obligations which he was bound in honor to repay.

He left the region in which he had been born and reared, the friends of his family and of his early manhood, the patients who had learned to trust and depend upon him, and came to a city in which the profession was overcrowded, the competition for place and practice keen and unceasing, and the aspirants for both the honors and the rewards of medicine many and able. The move is, perhaps, the earliest traceable indication in his public life of the self-reliance and clear-sightedness which came to be recognized as among his most marked characteristics.

After some deliberation he established himself in a large old-fashioned house at 16 N. Eleventh Street, where I first saw him when, as a boy of ten, I took a note to him from my father, asking him to see a surgical case in a member of our family. This was in 1860. For twelve years he had been laying the foundations of his future success. In 1852 he had begun his teaching of practical anatomy and operative surgery at the Philadelphia School of Anatomy, and his name is still the most distinguished in the long list of able men who have been connected with that institution. In 1854 he had been elected a surgeon

to the Philadelphia Hospital, and had thus been given not only his first hospital wards, but also his first opportunity to perfect himself in the teaching of clinical surgery. He always regarded this step as one of the most important in his professional life, and once in speaking of it to me, said he had already, at that time, decided that he "might as well attempt to be a gardener without a garden as a surgeon without a hospital." He had also, for two years, been occasionally substituting for Dr. Henry H. Smith, professor of surgery at the University, in giving clinical instruction to the students. At the time of which I speak (1860) his reputation as an able operator and a sound consultant was firmly established and rapidly spreading, but his practice was not yet, as he has told me, what would now be called a lucrative one. He was, however, only forty-two years of age, in the enjoyment of the fullest mental and physical vigor, and undoubtedly saw success within his grasp. I remember well the kindly manner in which he received me, and the promptness with which he left the fire, before which he had been reading, changed his slippers for shoes, and prepared to answer the call which I had brought, although it was late on a disagreeable evening. He had then, as always, an impressive personality and a magnetism felt by most persons who came within the sphere of his influence. It was not of the sort that is exploited in the journals as characterizing brilliant politicians and successful criminal lawyers, nor yet of the variety, which history teaches us, has been possessed by many great statesmen and victorious generals. If I attempted to epitomize or explain the secret of Dr. Agnew's attractiveness to so many and such different classes of people, I would say that "kindliness" expressed it perhaps better than any other word. There were strength and energy and determination back of it, with a basis of broad knowledge and justifiable self-confidence; but, all the same, the chief impression he made was of a tender benevolence which always regarded the feelings and interests of others, and which pervaded his whole atmosphere. It was noticeable then even to a child, and it grew as he advanced in years, until the title of the "Dear Old Man," which was given him by the younger Gross, was universally accepted as in the highest degree applicable.

During the civil war Dr. Agnew had large opportunities—chiefly at the Hestonville General Hospital—for operative work, and it is needless to say profited by them to the utmost. In 1863 he was elected surgeon to Wills' Eye Hospital; in 1865, surgeon to the Pennsylvania Hospital; in 1867, surgeon to the Orthopedic Hospital; in 1870, professor of Clinical Surgery, and in 1871, professor of Surgery in the University of Pennsylvania, retaining the latter positions until 1889, when he resigned them to be created emeritus professor of Surgery, and honorary professor of Clinical Surgery.

During all these years he grew steadily in professional strength, his clinics were crowded, his office was filled, his services were in daily demand in all parts of the Middle States, and the University of Pennsylvania was sending out, year after year, hundreds of young men who regarded him, and justly, as the best possible adviser in all cases of surgical disease or injury.

His election in 1889 to the Presidency of the College of Physicians was a distinction which, like all the others, came to him unsought and unsolicited but which he nevertheless highly appreciated. It resulted from the very wide-spread feeling in the college that he should not be permitted to end his days without adding his name to the list of those gentlemen who, without exception, have for years reciprocally honored and been honored by this organization, perhaps the most conservative in America.

My personal remembrances of him begin again in the winter of 1868 when, twice a week, after supper, I used to hurry back to the University to get a front seat at his half-past seven o'clock lectures on surgical anatomy. He was then probably the most popular teacher at the University, and deservedly so. I certainly have never heard lectures on anatomy which, for clearness of description, actual teaching force and living interest, could compare with those which he then gave. On those two nights the room was crowded with the students of both classes and, as he always spent the latter part of the evening in the dissecting-room, every subject was surrounded by its full quota of diligent workers who, if I may judge others by myself, found the chief attraction in the chance of getting a pleasant word of advice or instruction from him.

He looked then very much as he did for the next twenty years of his life. His hair was already thinning and beginning to turn white, as was the moustache, which was prolonged on the cheeks in a military fashion. His height, of more than six feet, and his fine muscular development made his figure commanding in spite of the slight professional stoop which he always had, the result of hours spent over sick-beds and operating tables. His blue eyes were keen but kind in their expression. An old blue dress-coat with brass buttons, which he wore to these lectures, gave him, I remember, to my imagination, a military air, and this fancy came back to me in one of his last attacks of illness, when I found him sitting up in bed with a handkerchief tied around his forehead on account of a severe supra-orbital neuralgia. He looked like a wounded grenadier. I told him of my boyish idea about the blue coat, which he recalled, and said smilingly he would hardly venture to wear it before a medical class of the present day, in spite of their alleged improvement in manners. He has twice in my presence

alluded to himself, half laughingly, half seriously, as "homely." Homely he was in the sense in which Chaucer and most English people at the present day employ the word, that is, he was domestic in habits and simple and affable in manners; but homely in our perverted American signification, which usually implies not only plainness of feature but positive ugliness, he never was. A cold-blooded critical analysis of his features might disclose some reason for such an opinion, but no one who knew him looked at Dr. Agnew in that spirit. Goodness and kindness of character shine so clearly through some faces that defects or irregularities are forgotten, and his was one of them.

The College of Physicians and the University are fortunate in possessing masterly portraits of him, which will help to bring before future generations of Fellows and of students his striking personality. We of the present day need no such reminders. We carry his likeness in our hearts.

In reviewing his life one is struck with the fact that both hereditary and personal influences were such as favored the growth and development of that side of his character upon which, as fate willed it, the greatest demand was to be made in years to come. The strain of Scotch blood brought with it dogged perseverance, enduring patience, disregard of luxury, even of personal comfort, ability to sustain uncomplainingly the reverses of fortune, and to submit contentedly to the long-continued economies which they necessitated. But it must be added that these virtues, so often associated with a sombre or stern disposition, were in his case tempered by geniality, cheerfulness and an unvarying and all-embracing tolerance that was one of his chief characteristics.

The wholesome out-door life which he led in the country for so long a time was the best sort of "physical culture," and doubtless those years, which he sometimes thought had been in a sense wasted, came back to him in the form of increased energy, endurance and good health later in life. His very misfortunes supplied an additional stimulus to a character which naturally was so domestic and affectionate that ambition alone might not have brought about its transplantation from the familiar soil in which it had been reared and nourished.

It is a trite observation that our apparent trials often prove to be our greatest blessings. There can be little doubt that Dr. Agnew contained within him the qualities which would have commanded success, even under the unfavorable conditions associated with material prosperity, but neither is it doubtful that the years spent while waiting for practice, when he went to the dissecting-room after his morning office hours, went back after his midday dinner, spent most of the afternoon there and returned after an early supper to leave only when the last

student had gone and the lights were extinguished, were the years during which he laid broad and deep the foundations of his success. They were years, also, the reward of which was not postponed to a future period. Dr. Agnew has often told me that on the whole he regarded the days spent in the rooms on Chant Street, the "Windmill Street" of Philadelphia, as the happiest days of his life, and he once at least made the same statement in public.

When we come to estimate the true value, and the real and enduring position of one of our profession who has left us, we can, perhaps, adopt no better gauge than the opinion of his pupils. History shows us that almost invariably the surgical contemporaries of a great surgeon, with whatever affection they may have cherished him, were still, in a sense, his rivals; they learned, or failed to learn, at the same time, or by the same stern experiences; they often differed and, being human, when they chanced to be right derived an increased pleasure from the fact that he was wrong; their estimate, in other words, was often unconsciously tinctured by personal prejudice, or influenced by motives not apparent to themselves. Who would to-day be content to accept Cline's opinion of Sir Astley Cooper, or Ferguson's of Syme, or Syme's of Liston, or Pott's of John Hunter?

Dr. Agnew, more than any man of equal eminence in our profession with whose history I am familiar, was free from this sort of belittling animosity toward others and, perhaps as a consequence, rarely if ever excited it. But when one dies at seventy-four, after more than a half-century of professional work, few of his own years are left to testify, and still fewer are apt to place on record their final and deliberate judgment.

The laity, however sincere their admiration and however well-founded it may sometimes prove, are essentially unfit to pronounce upon the claims of medical men to either present or posthumous honors. They are too apt to mistake show for brilliancy, self-assertion for force of character and notoriety for fame. In Dr. Agnew's case they held him at his just value, but their verdict can never be regarded as final or conclusive.

It is, after all, in the case of great surgeons at any rate, upon the testimony of their pupils that their ultimate place in the history of our profession depends. Nearly every surgeon who has made his name immortal has been a teacher, and usually as great a teacher as he was a surgeon. For one exception like John Hunter, a hundred illustrious names could be adduced to emphasize the truth of this statement. Their lives have been written, their merits described, their achievements recorded, their virtues extolled by those whom they have taught and guided, and Dr. Agnew constitutes no exception.

From the length and breadth of this land the pupils whom for ten years (1852–1862) he instructed in the Philadelphia School of Anatomy, and those who during the next thirty years had the paths of surgical science made easy for them in the University of Pennsylvania by his wise, clear, practical teachings have over and over again testified to their respect for him living and their reverence for him dead. Their estimate, their decision, will be those accepted by future generations, and upon them Dr. Agnew's fame will rest justly and securely.

This professional reputation, thus testified to, will be found to depend chiefly upon the following factors: (1) The clearness of his teachings; (2) the soundness of his judgment; (3) the precision of his operations; (4) the character of his writings.

Of course, some of his success was due to the personal qualities which have already been mentioned. A man who cannot enter a household or a sick-room without diffusing about him the almost indescribable sense of repose and confidence that he inspired, the feeling on the part of the anxious or grief-stricken relatives that however the case is going everything humanly possible is being done for the patient, and on that of the medical attendant that exhaustive consideration has been given to every detail of the treatment, such a man, I say, is certain of increasing practice as soon as he has made a beginning, and has become known to the public and the profession. Something of this quality is occasionally inherent in men whose natural knowledge and capacity do not justify it. The public is then deceived for a time, but the profession rarely or never. To the degree in which it was possessed by Dr. Agnew, it may safely be said it is never found except in association with wide experience, broad professional culture in the best sense of the word, and pre-eminent ability. In its effect upon the acquiring of practice it is perhaps more important than any of the factors above mentioned, but the reputation which it brings is evanescent, and when years have elapsed it will be found, as I have said, that the surgeon will be known to posterity, if known at all, as a teacher or writer, a consultant or operator, not simply as a successful practitioner.

(1) As a teacher he was remarkable for his simple, plain, straightforward methods, his entire disregard of oratorical effort, his faculty of making clear and easily comprehensible even the abstruse and complicated portions of his subject. He never spent time or labor upon mere eloquence, but was always so earnest and so obviously desirous of conveying information as to hold the attention of his class, and so concise and practical as to leave his teachings indelibly impressed upon their memories. His views were so evidently the outcome of mature experience, and so stamped with the seal of honest conviction, that his

enunciation of them gained added impressiveness and made his course upon surgery not only one of the most useful, but also one of the most pleasant, of their University experiences, to thousands of undergraduates. Without apparent effort, and with a skill born of thorough knowledge and perfect mastery of his theme, each subject was presented to the student so clearly, simply and directly, that it remained a part of his medical knowledge. His lectures were very uniform in quality, but I recall with especial admiration those upon hernia, upon fractures, and upon the ligation of arteries. To my mind they were models of what surgical teaching should be. I have heard the same opinion expressed many times by alumni who preceded and by those who followed me at the University, and neither my reading nor my experience leads me to believe that those lectures would suffer by comparison with the teachings of the greatest masters of our art in this or any previous epoch.

His habit at his clinic was to precede his operation by a brief statement of the history of the case, and by some remarks upon diagnosis and prognosis, and upon his reasons for choosing the particular operative method he was about to employ. During the operation itself he said but little. Afterward he would usually leave some of the final details, the arrest of hemorrhage, insertion of sutures, application of dressings, etc., to his assistant, while he explained more fully what he had just done, and described what he had observed.[1]

He possessed to a remarkable degree the power of interweaving with his admirable descriptions of surgical diseases and injuries the underlying anatomical facts upon which accurate diagnosis and successful treatment so commonly depend. Indeed, as a practical surgical anatomist he was in this country without a peer, and much of his success arose from his well-earned reputation in this department.

He was a natural teacher, always ready and pleased to impart information even outside of his lectures to any one seeking it in the proper spirit, and did so in the clearest and most agreeable manner possible, making the dullest subject seem interesting, and investing it with a more extended significance by some illustrative or cognate fact.

He never, however, forgot the interests of his patients in his desire to convey instruction. I held the staff for him for some time and in a great many lithotomies before I had much experience in cutting for stone myself. He knew this, but as he did not believe in a multiplicity of fingers in wounds, or in removing the finger in these cases until the

[1] The cut on the opposite page is from a photograph taken by a member of the class. The case was one of malignant growth of the foot, necessitating amputation of the leg. The period was that during which we employed the carbolic spray at all operations, but before the use of operating gowns had come into vogue here. Dr. Agnew had finished his preliminary remarks and was about to begin the operation.

DR. AGNEW'S CLINIC, UNIVERSITY HOSPITAL, 1886

forceps were in the bladder, he never but once asked me to explore that organ prior to the removal of the calculus. On that occasion we were operating in a little town in the southern part of Delaware. After making the usual incision and putting his finger in the bladder, he spent a long time in exploring the bas fond and the post-prostatic pouch in search of the stone which we had both heard and touched with the staff. Presently he asked me to slip my finger in as he withdrew his, as the condition was so extraordinary that he would like me to feel it. The stone was swinging like a pendulum from the summit of the bladder, held there by a band of organized lymph quite firm and resistant.

The case was unique in his experience.

(2) As a consultant and as a practitioner perhaps his most noteworthy quality was the soundness of his judgment. Partly from his natural clearness of mental vision and good common sense, partly from his thorough preparatory training and his diligent and incessant study of everything that bore upon the teaching and practice of all departments of surgery, and partly, no doubt, from the enormous experience which in later years he could utilize for his guidance, he made singularly few mistakes in either the diagnosis or the treatment of surgical conditions.

It is given to none of us to be infallible; error and humanity are now, as always, inseparable; perfect wisdom and complete knowledge in even the narrowest of human occupations are unattainable. I desire to make no exaggerated claim for the subject of this memoir, but I feel sure that at least to this audience, which numbers so many who looked upon him as the court of last appeal in all surgical matters, I may venture to state my belief that few surgeons have ever lived who, in the presence of an obscure case, were so uniformly correct in their estimate of the precise diagnostic value of a surgical symptom, so accurate in their application of the general principles bearing upon the condition in question, and so conversant with all the varied possibilities which such cases present. His ability to unravel the tangled web of disease, to solve its intricate problems, seemed to me in the earlier days of my association with him to be little short of inspiration; later I came to recognize it as the legitimate outcome of keen observation, wide experience and logical reasoning.

I have often thought that of all the great surgeons with whose lives I was familiar I could trace the closest resemblance between both the personal and the professional characteristics of Sir Astley Cooper and those of Dr. Agnew. I once said this to him, and he replied that while there was no surgeon whom he would rather be thought to resemble, he feared that, like many other attempted parallels from the days of

Plutarch until now, the facts would have to be made to conform to the theory.

And yet I may ask those of you who knew him best if the following description of the great English surgeon by his nephew might not have been written *verbatim et literatim* of Dr. Agnew:

"His influence did not arise from his published works, nor from his being a lecturer, nor, indeed, from any public situation which he held, although each of these circumstances had its share in producing the result; but it seemed to originate more from his innate love of his profession, his extreme zeal in all that concerned it, and his honest desire, as well as great power, to communicate his knowledge to another, without at the same time exposing the ignorance of his listener on the subject even to himself. This must be looked upon as one great cause why his public character became so much diffused by his professional brethren, for he owed little of his advancement in life to patronage. Another peculiar quality which proved always a great source of advantage to him was his thorough confidence in respect to his professional knowledge, so that after he had once examined a case he cared but little who was to give a farther surgical opinion upon it. This must inevitably have instilled an equal degree of confidence in those consulting him."

To the younger men, and especially to the younger operators in the profession, he was more than a consultant. How many reputations he has helped to make by the encouragement and guidance which he never refused; how many more he has saved from wreck by the protection and support which his unassailable position permitted him to give to those whose ignorance, rashness or ill-luck got them into surgical difficulties, no one but himself ever knew. In suits for malpractice he was the bulwark and safeguard of dozens of unfortunate medical defendants. He always saw clearly just what could be truthfully said in explanation or extenuation of a bad result; and although in his evidence in such cases he was never known to depart from the strictest veracity, he would probably have himself pleaded guilty to *suppressio veri* in more than one instance. What was said of Sir William Fergusson was true of him:

"Full of experience himself, and able to wield his powers so brilliantly, he was tender as to the failure of others, and nothing gave him more pleasure than to have an opportunity of helping some one out of difficulty, while the manner in which he gave this help was as graceful as the assistance itself was valuable."

One source of Dr. Agnew's power as a diagnostician was his very retentive memory for even the details of cases which he had once seen. No clinical observation, even of times long past, escaped him, and as

for many years he was the chief consultant of three States, with a population of millions, his experience, almost without exception, furnished a parallel to the rarest and most obscure conditions. I have more than once begun to describe to him some recent experience or observation of my own, which seemed to me unique, only to have him interrupt me kindly and smilingly and finish the description as accurately as if he had been present and had seen the case himself. Often, too, to my great profit, he would volunteer some words of explanation that instantly made clear all that was previously doubtful.

His own powers of observation were so well trained that in many surgical conditions a glance sufficed for a diagnosis, and although usually cautious about expressing an opinion he would sometimes venture upon a positive one the moment he saw the case. This was notably so in patients with complete scrotal hernias or with large hydroceles, the distinction between which he made by the relation of the tumor to the anterior plane of the body; in cases of shoulder injury, where the position of the patient revealed the presence or absence of luxation; in deep abscesses, where a glance at the overlying skin and a touch with his opposing fingers completed his examination; in fracture near joints and in un-united fracture, where he almost seemed to have a special sense for determining preternatural mobility, and in many other classes of cases.

The story which Vidal de Cassis tells of Dupuytren, that within a few days of his death he was asked his opinion of a lesion of the elbow in a patient who was brought to his bedside, and without touching him diagnosed a luxation, which had been denied by an eminent colleague, but was subsequently demonstrated and reduced, might well have been told of Agnew.

(3) In speaking of his operative work I have purposely used the word precision to characterize it, instead of the usual eulogistic term—brilliancy. Dr. Agnew himself disliked the latter word, and with it the kind of operating which it often described, in which everything is sacrificed for the sake of what in athletics would be called a "record." He has more than once told me interesting anecdotes of the difficulties into which this habit of what he called "slap-dash" work had led some of his contemporaries. He agreed with my friend Mr. Treves, himself an exceptionally able operator, who says that the days of the so called "brilliant" surgeon are over, and that it is no longer a matter of primary importance that a stone should be extracted or a vessel tied or a limb removed in a limited number of seconds.

Dr. Agnew was naturally a quick operator, and his training dated back to the days when pre-anesthetic traditions kept alive the theory that rapid surgery was good surgery, but he was above everything else

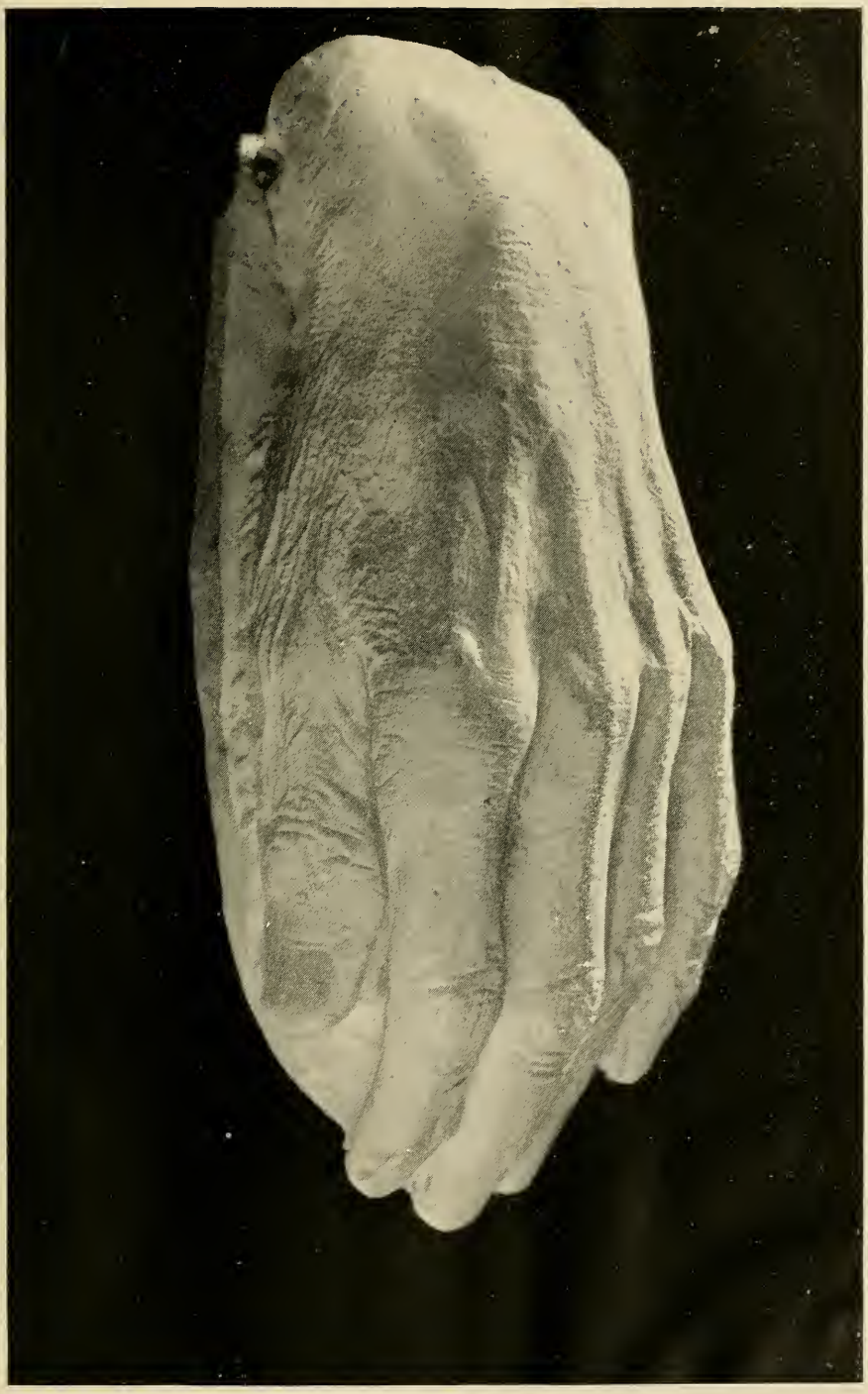
a safe operator, a precise operator. His knowledge of anatomy included not only that of the dissecting room, which, important as it is, is but the beginning for the surgeon, but that of the operating table, which is often very different. He knew not only what the relations of parts and structures ought to be, but what they were in any particular case. He knew, in other words, not only the ordinary topographical anatomy of books, of the cadaver, and of the lecture room, which is knowledge common to many, but also the anatomy of the individual upon whom he was operating, and of the disease which necessitated his interference. He has often said to me that no two cases of hernia were precisely alike in their anatomical appearances; that each dissection of the neck for the removal of a new growth had a certain individuality which enabled him to remember it for years; and that one might cut through the loin twenty times to approach the colon or kidney and find no two of the cases precisely identical in thickness of muscular layers, amount of peri-renal fat, etc.

It was in this knowledge of the conditions and appearances to be expected in a given case, the knowledge of these infinite variations, that he was far superior to any operator with whom I have had a chance to compare him. With the splendid foundation of practical anatomy which his years of teaching and demonstration had given him, his constant operating had developed in him this faculty of quick and certain recognition of the structures exposed to view or to touch, which gave his work the character of accuracy and precision that impressed every one who saw it.

His use of all instruments was light but firm, devoid of flourishes or attempts at show, but strikingly graceful. His hand was very steady up to the last month of his life. His ability to work with either hand, although he did not himself consider it of much practical value, was certainly a great convenience, and was a peculiar and striking feature in his operating. He acquired it as a consequence of a severe onychia of the right index finger, which destroyed the matrix and which deprived him for a long time of the use of that hand, during which period he taught himself the use of the other.[1]

The general level of his operative work was so high that it is difficult to select any particular cases or groups of cases for special mention, but possibly his peculiar abilities were made most manifest during the removal of a deep-seated growth of the neck or of a mammary tumor, the ligation of a large bloodvessel, the extraction of a vesical calculus, or the excision of a bone like the superior maxilla, or a joint like the knee or elbow.

[1] His hands had so much individuality, so much of what artists call "character," that I have added to this memoir an illustration made from a plaster cast taken after his death by the sculptor, Mr. Murray.



DR. AGNEW'S HAND, FROM A PLASTER CAST.

One of his most marked characteristics was his imperturbability described by his former colleague, Dr. Osler, with eloquent reference to its applicability to Agnew as: "Coolness and presence of mind under all circumstances, calmness amid the storm, clearness of judgment in moments of grave peril; a quality which in its full development has the nature of a divine gift, a blessing to the possessor, a comfort to all who come in contact with him." This quality Dr. Agnew had to such a degree that nothing that could happen during a operation, however unexpected or undesirable, seemed greatly to disturb him. Terrific and unlooked-for hemorrhage, profound shock, alarming collapse, threatened asphyxia, all possible surgical accidents and emergencies, were embraced within his experience, and I have seen him meet each of them in the same prompt, quiet, masterful manner which assured and gave confidence to every one who was working with him. Even death on the operating table has come to him without disturbing his equanimity. He had it occur once during tracheotomy in a desperate case, but it was many years ago.

The only other time I know of, and the only time I ever saw Dr. Agnew lose a patient on the table, was during an operation for hemorrhoids in 1887 at the Bingham House in this city. The patient, who was apparently well and strong, had taken less than four ounces of ether and was breathing well when the first ligature was tightened. His respiration immediately stopped, and although his heart continued to beat for nearly half an hour he died without making even an attempt at respiration. The autopsy showed an apoplexy into the floor of the fourth ventricle. That half hour was one of the longest in my life. The physical exertions employed in the efforts at resuscitation were in themselves exhausting, and in addition there was the mental distress incident to such a sudden and unexpected termination of a minor case. At the end I was drenched with perspiration, unnerved from excitement and disappointment, and felt ten years older. Dr. Agnew was as cool and placid as if the occurrence was a common one in his experience. As we walked down to our carriages on Eleventh Street he made a remark which I have never forgotten; he said: "I had hoped to escape the accident of an ether death, but it occurs once in a certain number of thousands of cases in the best hands, and I've no doubt I passed my limit long ago. We were not to blame." Then after he got in his carriage he leaned out to say: "If you are asked about this just say it was my case. I'll accept all the responsibility."

Philosophical and unchanged in the presence of calamity, tender and thoughtful of the interests of others, he was then, as always, one man in ten thousand.

Dr. Agnew was imperturbable not merely as an operator, but in all

the ordinary relations of life. No surgeon ever lived and attained eminence who was more careful to throw around his patients every safeguard, or who strove more earnestly after successful results; and yet no surgeon accepted untoward results with greater equanimity when it became apparent that they were inevitable, or when the case had ended. His mental attitude under these circumstances seemed to be that of a consistent fatalist, and I have many times envied him the unruffled placidity with which he finally learned of the unfavorable termination which he had, perhaps, contested hour by hour for long and anxious days. He used to explain it by saying that he felt that he had done his best and could do no more, but he probably had the consolation denied to most of us of knowing that *his* best was *the* best, although he was too modest so to express it.

His patience as an operator was equally remarkable. I do not remember, as his assistant, or indeed in any other capacity, ever to have received a harsh or unkind word from him for faults of either omission or commission, although I must often have deserved it. The one thing that used to elicit from him an expression of impatience was the breaking of an important stitch during a staphylorrhaphy or an operation for vesico-vaginal fistula. He would then come as near to swearing as his principles permitted. One of the first private operations I ever saw him perform was for the relief of such a fistula in the wife of a clergyman. The most troublesome stitch broke while he was tightening it, eliciting an ejaculation which led Dr. Elwood Wilson, who was present, to say, "Agnew, I'll tell Beadle on you!" referring to the Reverend Dr. Beadle, one of the most admirable and lovable of characters and then, probably, Dr. Agnew's dearest friend. This raised a laugh in which Dr. Agnew joined, and the stitch was reinserted. The incident represents the full extent to which he ever permitted himself to show temper, and I must confess that it was a source of gratification to me whenever a similar occurrence took place, as it momentarily diminished my sense of inferiority.

(4) His collected writings embrace a number of miscellaneous articles—important contributions to the surgery of lacerated perineum and vesico-vaginal fistula; papers on general surgical diagnosis, etc.—but the work of his life as a writer is his great "Treatise on the Principles and Practice of Surgery," the three successive volumes of which bear the dates 1878, 1881, 1883.

It is safe to say that this magnificent monument to the learning, skill and industry of one man will remain unrivaled in surgical literature. It is not likely that there will ever again be any one who will combine the enormous experience, embracing every department of surgery, the clear judicial intellect, and the patient, untiring energy

which enabled him in hours stolen from his family, from social pleasures and from much-needed rest, to produce this remarkable exposition of his work and views.

It was, as has been said, his child, the dearly-beloved offspring of his brain, and while I regret that in the swift march of surgical science it must, if left without revision, inevitably fall into disuse, I can understand the sentiment which desires to keep it unaltered and unchanged as the most eloquent of all records of his splendid achievements.

And yet there are portions, and large portions, of the book which it seems to me can never grow surgically old or useless. Our successors may be too hurried to read the abstracts of the history of important surgical procedures, which, with infinite labor and painstaking he had conscientiously compiled; his pathology may become antiquated, and his therapeutic measures come to be looked upon as are those of Paré or Wiseman, but his admirable clinical descriptions, his comprehensive and well-balanced consideration of diagnostic points, his clear explanation of the surgical anatomy of disease, injury and operation, must always remain as at present, a mine of information for the busy practitioner.

After many years of what may be called intimate acquaintance with the book I venture to assert, and I doubt not many of you will corroborate me, that in the directions I have indicated one may turn to it for help and guidance with more certainty of finding what he seeks than to any other single treatise on surgery in his library. This statement was made in some of the early reviews of the work, and I was once present when a surgeon of distinction from a neighboring city expressed the same opinion to Dr. Agnew. I remember well the simple, unaffected pleasure which it evidently gave him, and he afterward told me that he hoped it was true, as he regarded it as a higher compliment than any other that could be paid to a medical work.

The book went to a second edition in 1889, and is well deserving of many future editions. It is the property of the trustees of the University of Pennsylvania.

He was not a conspicuously original surgeon. He invented a number of instruments and splints, notably that for use in transverse fracture of the patella; introduced some new operations, such as that for webbed fingers; modified others, as the musculo-cutaneous flap method in amputation, and lateral lithotomy in children, and made many minor improvements in both surgical apparatus and operative technique. His claim to imperishable fame does not, however, rest upon any of his inventions, nor upon any one great addition to surgical science. It is not given to every one to be a discoverer. Dr. Agnew had not a mind of the inventive, speculative, restless type which contributes the newest but not always the most useful ideas to our profession. Neither did

his training nor his circumstances fit him for the plodding laboratory work, experimental and microscopic, as a result of which a Pasteur or a Lister or a Koch electrifies the world with some grand contribution to its knowledge. Dr. Agnew had a judicial mind, wonderfully fitted to weigh and decide upon the suggestions that came to it, and he had extraordinary mechanical and physical ability to carry into effect in an operative way whatever appealed to his deliberate judgment. As was said of Abraham Colles, "He possessed the art of touching briefly on the salient point of his cases, and was gifted with what Dove called 'the incomprehensible talent' of separating the essential from the immaterial in complicated phenomena."

He was eminently and above all others of his time—I am almost tempted to say of *all* times—a sound surgeon, a safe surgeon. One might be sure invariably that his opinion in a given case, even if it were not finally proven to be the right one, was well founded, and would stand creditably the test of adverse criticism; and in every case and under all circumstances it was equally certain that the opinion was given with the single idea of being of use to the physician or patient who had consulted him.

In special departments of surgery he has probably been excelled by not a few, but taking the whole round, including not only general and operative surgery but gynecology, ophthalmology, genito urinary surgery, syphilography, orthopedics, etc., he attained a degree of eminence which has rarely, if ever, been equaled, and to which our own times and generation furnish no parallel.

I have never seen or known of an instance in which he seemed in the least degree influenced by the temptations which constantly beset those of us who as teachers need clinical material, as operators desire to attempt new or hitherto untried procedures, as practitioners feel the universal need of money and of prestige. Since the death of Dr. Charles Hunter, his previous assistant, which was a great loss to the profession, to the University and to Dr. Agnew himself, I was intimately associated with him in both his public and private work, and for the last few years he did me the honor of referring to me those patients who required operation. I may, therefore, claim to have had every possible opportunity of observing and criticizing the standard of his conduct in this respect, and I cannot conceive of a loftier or more unswerving devotion to the highest and best principles than that which he always displayed. Certainly no one ever brought to any occupation a more profound sense of its grandeur and nobility, a higher estimate of its relations to mankind, or a more steadfast purpose to consecrate his whole life to it than did Dr. Agnew to the study and practice of surgery.

For a long time he had a medical practice which was among

the largest in Philadelphia. He retained it at first because he believed that while it was possible to be a good physician with no surgical experience whatever, he did not think that the converse was true, but always held that a surgeon was better and stronger in his own department if he had had to watch and study and care for the medical conditions which are liable at any time before, or after operation, to complicate his purely surgical cases. Later, he had not the unusual experience of finding it next to impossible to refuse to see such cases in families who had for years been accustomed to depend upon him.

His therapeutics, both in medicine and surgery, were very simple, and I have found, and still find, among the prescriptions brought to me by his patients, astonishingly little variety. Bransby Cooper remarks of his distinguished uncle: "So simple were Mr. Cooper's prescriptions that he had five or six formulæ which, under ordinary circumstances, constituted his complete pharmacopia, and such medicines he kept constantly made up, for the benefit of the poor."

Sir Joseph Lister once told me that during his very earliest days in Edinburgh, when he was still uncertain whether to remain there or to begin his work elsewhere, he consulted Mr. Syme. The latter told him that he would probably do well to stay there, but remarked that it really seemed as though there were not much left to do in the way of advancing surgical science, little thinking at the time that the young man he was talking to, his future son-in-law, would almost alone and unaided effect the greatest revolution in surgery, and bring about the greatest step in advance which has been made since Harvey discovered the circulation of the blood.

Dr. Agnew never, to my knowledge, wavered in his profound and unvarying faith in the future of surgery. He would have had far more reason than Mr. Syme for believing that the limit of possible advance had been reached, as he had seen the introduction not only of anesthesia, but of antisepsis. It was contrary, however, to his buoyant and hopeful disposition, and inconsistent with his own progressive spirit, to take this view of the science which had shown such infinite capacity for development. He believed, for example, that just as surgical tuberculosis is slowly but surely coming under the control of the surgeon, so carcinoma, the present opprobrium of surgery, would in time yield to methods of treatment yet to be discovered. He was always among the first to test new surgical procedures and to adopt them if they seemed to him consistent with fundamental principles and common sense. At a time when many of his juniors were skeptical as to the merits of antisepsis, or were even openly antagonistic, he gave it a thorough trial and at once discarded in its favor the methods which he had

employed for forty years. He was among the first to advocate the extension of the field of operative interference in fractures of the skull, one of the innumerable advances which antisepsis made possible. He performed nephrectomy and laryngectomy, supra-pubic lithotomy and prostatectomy, nerve grafting and other operations which were popularized only after he had reached an age when, upon many minds, a new idea has the effect of a foreign body upon the grosser tissues, and is either encapsulated and disappears or sets up irritation and is extruded. While Sir Henry Thompson was impeding the acceptance of litholapaxy by the profession in Great Britain, Dr. Agnew, although one of the most accomplished and successful of lithotomists, was employing it in the majority of his cases of calculus. He attacked brain tumors, tried the modern methods for the radical cure of hernia (though he had previously devised, employed and cast aside as useless a method of his own), removed the appendix both during attacks of inflammation and in the interval, employed the most recent technique in the treatment of ununited fracture, and in every direction kept fully abreast of the times up to the very week of his death.

On the other hand he could not be induced to attempt operations which his judgment did not approve, and his last important paper, a judicial review of the results obtained by local surgeons in various forms of cerebral disease and injury, was written partly with a view of establishing the uselessness of certain procedures which he believed to be unphilosophical and unjustifiable. He thought the evidence showed that he was correct, but if future experience had demonstrated the contrary to be true it is safe to say that he would have been one of the first to admit it. I have already alluded to his behavior in reference to his own operation for the cure of hernia. A still more striking illustration, however, of his fair-mindedness is to be found in his attitude toward a question of public policy which, on account of the apparent conflict between hygiene and morals involved has always excited the bitterest contention. I allude to the so called "Contagious Diseases Acts," the recognition and regulation of prostitution by the State. Everything in Dr. Agnew's religious training and association, and many elements of his personal character, tended to lead him into the ranks of the opposition, where are to be found in every country where the subject has been discussed the large majority of the clergy and a small minority of our profession. In 1882, however, when he was 64 years of age, he wrote: "At one time I was disposed to take sides with the opponents of prostitution laws; but on a more comprehensive and careful study of the subject, and especially of the results which have been reached in those countries where such legal regulations are in operation, I am forced to believe that the evil is one which comes legitimately within the province of civil law."

To my mind this statement is one of the most interesting examples of the many which might be adduced in evidence of Dr. Agnew's broad-mindedness and absolute independence of thought and judgment.

It is obvious that Dr. Agnew's physical endurance must have been extraordinary to enable him to carry on at one time the teaching, writing, operating and consulting, any one of which would have been a heavy burden for an average man. He told me not more than five years ago that he did not know what it was to be tired. One of the best illustrations of both his strength and his devotion to duty is afforded by an experience which he has more than once mentioned to me. He was called by telegram early one morning to an out-of-the-way place in the northern part of the State. He ate a hurried breakfast, caught his train, and by dint of close railway connections and a final drive of eight miles over a rough road reached the house of his patient late in the afternoon. An operation was required, and he performed it at once, a meal being prepared for him in the meanwhile. On looking at his watch and consulting a time-table he found, however, that by starting immediately he could make a connection at Harrisburg which would enable him to reach Philadelphia in time for his office hours and his lecture the next morning. He accordingly left at once and, as he told me, reached home in time for breakfast the next day, without having had anything whatever for twenty-four hours except a drink of ice water on the cars.

Until a few years before his death he usually went up stairs at the hospital at a gait which tried the legs and the wind of the assistants. When operating in private houses heavy persons often had to be lifted from the bed to operating table and back again. Dr. Agnew used to say laughingly that there was no one we could not manage between us, and he continued to do his share, and more than his share, of such work until I positively refused to permit it. Physical labor never unsteadied his hand or affected his operating in the slightest degree, and he was disposed to speak rather disparagingly, so far as his kindly nature permitted, of those who were thus affected. Among other minor peculiarities of fellow-surgeons which he did not admire was the disposition to invent and employ a multiplicity of instruments. He made some additions to the surgical armamentarium, as I have already mentioned, but he never laid special stress upon them, and he habitually employed the fewest and simplest instruments possible.

As an example of his extraordinary endurance, and also of his physical courage, I may mention the fact that during a cholera epidemic in Philadelphia he has, on a broiling summer night gone over to the pit in which the unclaimed bodies were placed, and has himself injected as

many as fifteen at one time, an amount of labor and a degree of risk to which few men would be willing to subject themselves. His experiences in procuring dissecting material were many and peculiar. He did not hesitate in the case of unknown vagrants or paupers, where no feelings could be lacerated or shock inflicted upon surviving relatives, to step slightly beyond the strict letter of the law in the interests of science, and even has gone out to the Potter's Field at midnight, resurrected a body, placed it in a sack in the seat of his buggy alongside of him, and driven it in to his Chant Street dissecting room.

He had a keen sense of humor, which never failed to respond to a good story or a jocular remark, and was always thoroughly appreciative of innocent fun of any sort. He could on occasion be very amusing, a quaint vein of harmless sarcasm running through his accounts of his numerous experiences. I have heard him more than once tell of an incident that occurred while he was living at 1611 Chestnut Street. A man, residing in Williamsport, had half swallowed his artificial denture, which became impacted in the esophagus. He was sent down to Dr. Agnew, who met him at the Colonnade Hotel and extracted the plate. An enterprising reporter who heard of it rang Dr. Agnew's bell at one o'clock the following morning. Mrs. Agnew, who often interposed between her husband and unnecessary demands upon his time and strength, spoke to the visitor from the window. He said that he had learned that there was a man in town with a set of teeth in his throat, and he wanted to get the particulars. She reported this to Dr. Agnew, and asked what she should say. He said: "Tell him that if he doesn't go away from here promptly there will be another man in town in a few minutes with a set of teeth in his throat."

In his persistent cheerfulness he resembled most of the great surgeons of whose histories we have any accurate record. Larrey enlivened even the retreat from Moscow with his pleasantries; Astley Cooper was the life of his medical club; Abernethy was famous for his dry witticisms, and many other lesser lights were notably humorous.

Much of his success was undoubtedly due to his sympathetic temperament, his native eloquence when discussing any subject on which he felt deeply, and his remarkable self denial in the pursuit of that science to which his life had been so thoroughly and completely devoted. There are not many instances, apart from those of religious fanaticism, of such utter abandonment of ordinary aims and ambitions, and of such intense concentration of all mental and physical energies upon one idea, as characterized Dr. Agnew during the years when the struggle was hardest and the reward seemed doubtful or distant. While slow to go beyond his self-appointed sphere of thought and action, he was prompt

to resent interference from those whose knowledge and research he knew to be superficial and limited; and any suspicion of imposition or falsehood was sufficient to excite in him the most profound contempt. Thoroughly honest in all his convictions, making no effort to appear what he was not, and never influenced by any but the most upright and conscientious motives, he despised all hypocrisy in others, and above all in those who prostituted our profession to what he considered their own personal aggrandizement. He was not, however, quixotic in his ideas, and his native shrewdness and common sense enabled him to appreciate fully the merits of those men who, like himself, gained both professional and pecuniary success, and combined properly and deservedly scientific with material progress.

He never asked and rarely obtained in individual cases the fees to which his rank in the profession entitled him, although the aggregate of his earnings, on account of his enormous capacity for work, was very large. His small charges arose partly from the habit formed during his earlier days of practice, partly from a dislike for the drudgery of bookkeeping which resulted, as in the case of the late Dr. Meigs, in many visits being unrecorded and forgotten, but chiefly from his conscientious desire that no sick or ailing person who wanted or needed his opinion should be prevented by lack of means from consulting him. During the later years of his life it became absolutely necessary to limit his practice by raising his fees somewhat, but he was always too modest and had too little of the money-making instinct to place a proper valuation upon his services. I am tempted again to call attention to the parallelism between his habits in this respect and those of Sir Astley Cooper. The language employed by the biographer of the latter might be applied without the change of a word to Dr. Agnew: "There were two or three classes of persons from whom, if he knew their occupation, he always, throughout life, made it a rule not to take a fee, even when offered to him. When this desire not to receive any remuneration for his advice arose out of a belief that the pecuniary resources of his patient were very limited, he had the most happy manner of expressing it to the patient, without wounding his pride, or otherwise offending his feelings."

Both by character and training Dr. Agnew was law-abiding and scrupulously, even rigidly, correct in all the details of his life, but on the other hand, for those who, less fortunate in temperament or education or surroundings, succumbed to temptations which to him were so ineffective as to be practically non-existent, his sympathy and compassion were never-failing. No one was farther than he from the Puritanical morality which, negatively virtuous and technically Christian, finds the chief solace for its own discomforts in the contemplation of

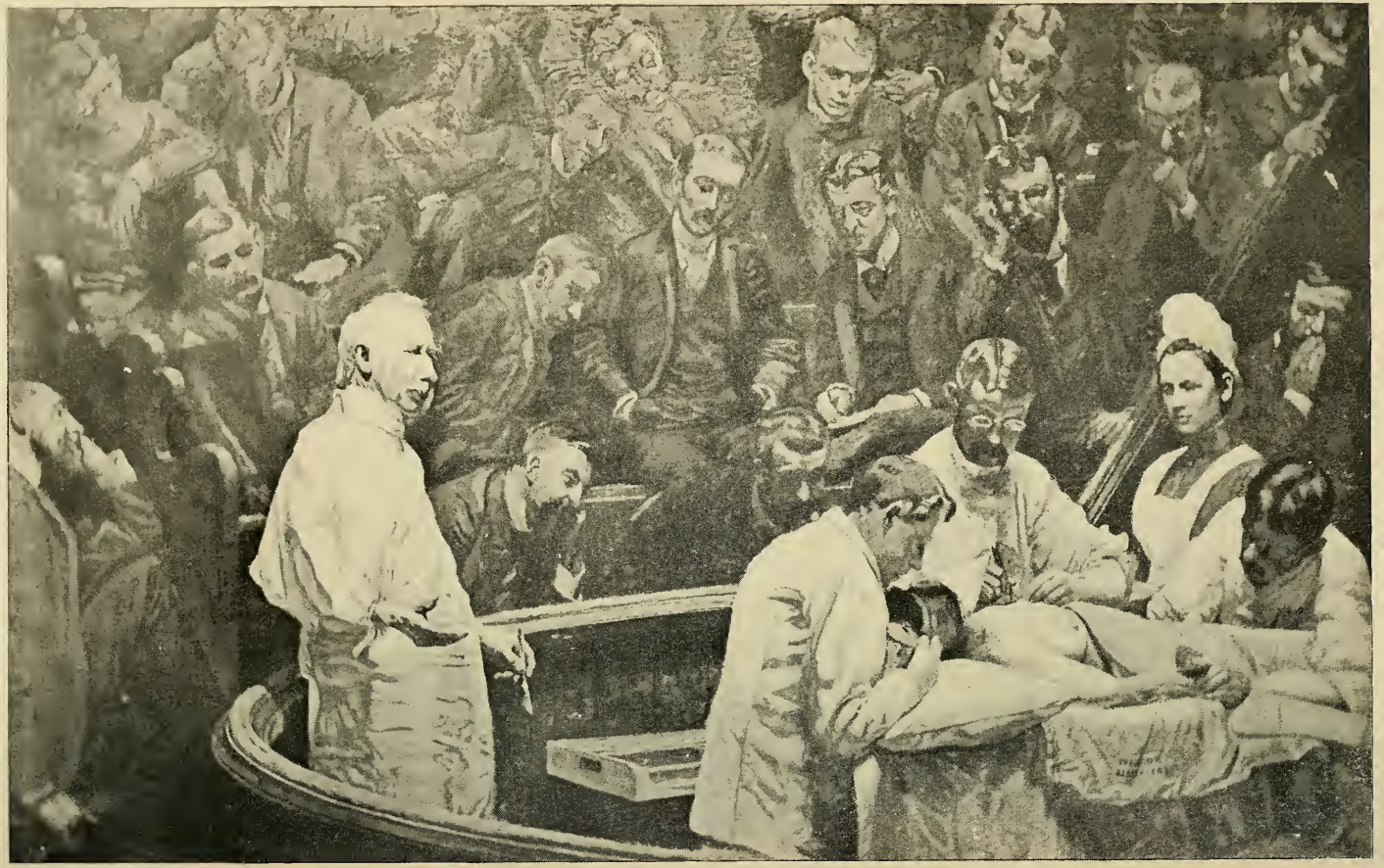
the failings of others, and its greatest pleasure in sour and sarcastic condemnation of their errors.

Not that he could not be tenacious to the last degree of his own opinions when he considered that a principle was involved. He never varied in his belief that the theatres, against which he once wrote a vigorous philippic, were on the whole both a cause and a symptom of moral deterioration in the community, an index of retrogressive civilization. He never approved of the co-education of the sexes, nor of the medical education of women under any circumstances, believing that any possible advantages to them were far more than counterbalanced by what he thought would be the inevitable loss of dignity and delicacy resulting from the association of the sexes under such conditions and from the character of their studies. In accord with the one opinion he denied himself during his whole life the pleasure which he would undoubtedly have derived from seeing the masterpieces of the drama, many of which he was fond of quoting, enacted on the stage. In accord with the other, he resigned a valuable hospital position, and, in spite of strong pressure, refused many lucrative consultations.

He was never an advocate of what is now called the higher education of women in any direction. He admired the domestic virtues, and at one of the last dinners he ever gave, remarked that a woman should be taught housekeeping, hygiene and belles-lettres. After that, he said, the more she knew the worse off she was.

He valued highly the opinions of those whom he considered his peers in the surgical world, but, as a rule, entirely disregarded all criticism of himself, or of his doings, whether favorable or the reverse.

In 1882, after the conclusion of Guiteau's trial, Dr. Hays, editor of the *Medical News*, asked Dr. Agnew to prepare a statement of the Garfield case, which should serve as an answer to the unfavorable criticism of its conduct made by Dr. William Hammond and a few notoriety seekers among the laity. Dr. Agnew at first consented, but on reflection decided that it would not be dignified or proper for him personally to notice such attacks, and asked me to write the paper and state that it met with his approval. This I did, and this was the only notice he took of the bitter public accusations which involved him equally with the other consultants and the medical attendants. A statement he had made to me, which I had previously published, and a letter he had written to Dr. William Hunt, were evidence that he knew from the beginning the surgical impossibility of locating or extracting the missile, and recognized at the same time the probable hopelessness of the case. But his cool judgment and calm superiority to popular clamor and professional pressure prevented those facts from being made public at a time when their promulgation would have



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DR. AGNEW'S CLINIC, UNIVERSITY HOSPITAL, 1888

wrought serious harm to great national interests. His high sense of honor in all his relations as a consultant was never better illustrated than in the same case. I cannot even now go into details with propriety, but I may venture to say that had he divorced his interests from those of some of the gentlemen who saw the case earlier, he could easily have avoided all responsibility for those portions of the treatment most open to hostile criticism. This, however, he would not permit, preferring to stand by his professional brethren even under fire, and in a case which he know would be historical.

His refusal to make a charge for the many days and nights which he had spent with the President during nearly three months, involving a loss of weeks from his practice, then probably the largest and most lucrative ever acquired by an American surgeon, and the niggardly behavior of Congress in appropriating a sum which gave him only $5000, a sum less than he should have received, or could properly have charged for one-tenth the service rendered, are also matters of history.

After his retirement from the chair of surgery he gave each year, at my urgent solicitation, backed by that of the class, a clinic at the University Hospital. It was always known in advance, and the amphitheatre was packed from floor to ceiling. At the first sight of his stately figure and silvered head the applause began, as vociferous and deafening as only a medical class can make it, and continued until by a quiet motion of the hand he indicated his desire for silence. He never lost his hold on the love and respect of the students, and until the day of his death was the most popular member of the University Faculty.[1]

In 1888 the beginning of degenerative changes was manifested by a violent attack of renal colic. He sent for me one morning about four or five o'clock. I found him sitting in a chair in his bed-room, leaning over the back, bathed in a cold perspiration, with a feeble pulse and in an agony of pain. On inquiry, I learned that this had been his condition for some hours, and on asking him why he had not sent for me sooner found that he had not wanted to disturb me, as he knew I had been out late to see a patient for him the evening before. I felt ashamed when I thought how promptly I would have sent for him if I had had a tithe of the pain from which he was suffering.

His first serious breakdown was in 1889, when he was confined to his bed with influenza. I attended him in conjunction with Dr.

[1] The cut on the opposite page is from the celebrated oil painting by the distinguished Philadelphia artist, Mr. Thomas Eakens. Dr. Agnew is portrayed in his customary attitude at the completion of an operation (in this case the removal of a carcinomatous breast), explaining its details while the hemorrhage is being arrested. The faces of assistants, students and onlookers are portraits. The picture was painted in 1888, the last year of Dr. Agnew's active work as a teacher.

William Pepper. He made a slow convalescence, interrupted and prolonged by supra-orbital neuralgia and lumbar myalgia.

In 1890 he fell on the marble floor of his hall and violently struck the back of his head. I was never certain whether this was from a sudden vertigo or not, and have thought that it might account for the development of diabetes, which took place later in that year, when he was again invalided under the care of Dr. James Tyson and myself for a period of some weeks; but the autopsy disclosed no cerebral condition which could have been associated with traumatism.

Soon after he began to develop distinct anginose symptoms.

Last Spring, before entering the clinic room for his usual lecture, he told me that he felt excessively nervous, and after the lecture he said that the excitement had given him a great deal of precordial pain. He spoke once more in public, at the University dinner at Musical Fund Hall, and had the same experience. He said as we drove down there that he had determined to give up public speaking, and regretted that he had undertaken it on this occasion. If I may be forgiven for pushing a favorite idea a little farther, I should like to note that after describing Cooper's final address, his nephew says, "This was the last time he appeared as a public lecturer, for he found that the excitement of the scene and the exertion of delivery increased his tendency to the attacks to which he had lately been liable."

Those who were present at the dinner will remember Dr. Agnew's description of the members of the faculty under whom he had graduated in 1838. His words were well chosen, and his account of their peculiarities was most interesting; but it was only too evident that he was no longer fit for even the slight strain which this imposed upon him. As I went down stairs to see him into my carriage, which I had kept waiting for him, he looked so badly that I suggested that I had better go home with him, but with a touch of his old spirit he said: "No; I don't need a chaperon; I'm old enough to be trusted out alone at night."

With the exception of a week or two, when he was laid up with a mild recurrence of the influenza, he was at work all the spring, keeping his office hours and attending the almost daily operations which I had the honor of performing on his patients. His interest in surgery never flagged, and not long before his death, after watching for an hour or more a tedious and difficult dissection of the neck for the removal of a growth, he looked at his watch, saw that it was far past his dinner hour and said: "Well, I'd rather see that any day than eat dinner."

He never thought that he could be quite happy if he were altogether without occupation. In 1879, when he was sixty-one years of age, he expressed his views upon the question of the retirement of men

of advanced years from active work when as chairman of a dinner given to Dr. S. D. Gross on the completion of his fifty-first year in the profession, he said: "It is, I fear, too commonly thought in these days of mad haste for preferment, place or power, that men when they have passed three-score and ten years should gracefully retire to the shades of private and inactive life, leaving the field to younger athletes. This is a great mistake. . . . There is something in the grace and dignity of age; its serene complacency of mind which, when coupled with an affluent wealth of knowledge and rich stores of observation and experience, renders the presence of old men in our midst pillars of strength not only in a profession like our own, but to the community at large; indeed, to the world."

On the 8th of March last year I removed a recurrent sarcoma of the abdominal wall from a lady, a patient of Dr. Agnew's and Dr. Murray Cheston's, who had been originally operated on by Dr. Agnew thirteen years previously. It is for me a memorable operation, as it proved to be the last one at which I was to have the honor and the comfort of Dr. Agnew's presence. The weather was cold and stormy. Before leaving the house he told me that if he felt no better the next day he would expect me to operate for him on an epithelioma of the lip in a patient of Dr. E. W. Watson's. Early the following morning I had a note, the last I ever received from him, saying that as he was quite well, and as the operation was so trifling, he would do it himself. I ventured to write him and advise against it, but ineffectually. Dr. Watson tells me that it was only with the greatest difficulty that Dr. Agnew succeeded in removing the little growth, as immediately after his arrival at the patient's house the anginose pains were so severe that he was unable to stand, and he required full doses of brandy and some minutes' rest before and during the operation, which was the last he ever performed. He saw another patient later in the day in consultation, and climbed two flights of stairs to do so. This brought on such a severe attack of cardiac pain that it was with difficulty he reached home. He was then utterly prostrated, and lay in the operating chair in his office for some hours. During this time Dr. DaCosta, who came over at once from his office, saw him, and tells me that he regarded his condition as extremely critical. I visited him an hour or two later in response to an urgent note from Mrs. Agnew, which I found awaiting me at my house late in the afternoon. He was then cheerful and free from pain, and gave me the above account of his day. With the help of Dr. Edward Martin and Dr. George de Schweinitz I carried him up to his bed, which he never left again.

I am sure I may say that in the days that followed he was well

and tenderly cared for. In addition to the loving and watchful attention which his devoted wife and niece bestowed upon him incessantly, day and night, he was almost never without a physician in immediate attendance. Dr. Alfred Wood and Dr. Judson Daland divided the days with me ; I spent each night in the house and saw him at short intervals; and the consultants, Drs. Da Costa and Pepper, were assiduous and untiring in their efforts to bring about his recovery. There were dozens of volunteers who would have considered it, as we did, a privilege to evince their love and respect by similar services.

During this last illness he showed the same sweet, uncomplaining, well-balanced disposition that had characterized him all his life. At first, even in the thick of the grave paroxysms of angina pectoris that gave him such distress, his professional judgment remained unimpaired, and the most valuable and practical suggestions received by the attending physicians and consultants came from the patient himself. Later, when diabetes re-developed and the brain began to become clouded, he dozed for most of the time, but he still retained his old interest in everything relating to surgery. When, after an absence of an hour or two, I would return to his bedside he would invariably ask as to what had occurred surgically, and the formula, "What's new?" on his lips meant, "What operation have you been doing? what cases have you been seeing?" An operation postponed on account of his illness was remembered and inquired about the day before he died. At about the same time in conversation with him mention was made of a mutual friend who had recently undergone a severe operation upon the face. Dr. Agnew was quiet for some minutes, and those about the bed spoke of other matters, but he opened his eyes suddenly and said, "Is the scar well placed?" I at first thought he was wandering, and made some remark about the effect of the morphia he had taken, but he speedily made clear that he wanted accurate information as to an important detail in the surgery of the case. "Did you take that breast out?" was the greeting on another occasion, when the mind was becoming feeble and when it was supposed that all outside interests had departed, but the question referred to a specific operation upon a relative of one of his colleagues.

The attacks of angina which at first were brought on by even a change of position in bed gradually diminished in frequency and severity, and for some days the outlook was promising, but later diabetes reappeared, he grew dull and drowsy, stupor deepened into coma and he died on March 22, surrounded by loving friends and relatives. The announcement of his death was followed by manifestations of grief so widespread and so striking as to make it assume the proportion of a public calamity, and no one who was present at his funeral and

saw the stream of persons of all ages and conditions who filed past his coffin could have failed to be impressed by the hold which he had upon the respect and affection of this community.

It is to be noted that the cardiac conditions found at the autopsy were similar to those found in John Hunter and Sir Astley Cooper.

I have had the good fortune to number among my acquaintances, and I think I may say my friends, four whose names could not be omitted from the roll of the great men of this century. Two were devotees of pure science, Agassiz and Leidy; two were surgeons, Agnew and Lister. I have over and over again thought of the remarkable similarity in their personal characteristics, which was so striking that a description of one applies equally to all. Simple and unaffected in their manners, kind and courteous in their treatment of every one without regard to social conditions; slow to take and even slower to give offense; broad in all their views of life and its complex relations; modest to the point of diffidence where their own merits were concerned; ready to give freely and earnestly from their overflowing stores to the humblest seeker after knowledge; earnest and sincere without being quarrelsome; good with no shadow of self-righteousness, they seem to me to hold up to poor human nature examples that should stimulate and encourage even the worst or the weakest among us.

The words which my father, whose pride it was to count Leidy and Agnew among his personal friends, used in an obituary memoir of the former would describe them all: "Appreciation of his rare intellectual gifts was forgotten in admiration of his sincere, sweet-tempered, loving nature. Retiring and unassuming; genial and kindly in spirit and manner, the friend of all, the enemy of none; as approachable as a child, ready at all times and with evident pleasure to give the benefit of his knowledge to all who sought it, his death will be mourned wherever science is valued throughout the earth, but we especially will miss his kindly face, his ready hand, his cordial greeting, and his noble example of industry, integrity and manly character."

By the death of Dr. Agnew our profession suffered a loss of the greatest magnitude, and one which is perhaps altogether irreparable. There remain men equally eminent in some departments of surgery; men of equal ability as public expounders of surgical principles; men whose earnest and self-sacrificing devotion to medicine in its broadest scope cannot for one moment be questioned; but there is probably not one who, combining in himself all these qualities, possesses in addition the skill in observation, the personal magnetism, the singleness of soul, the ceaseless, untiring energy which made Dr. Agnew not only one of the greatest surgeons but also one of the best citizens of this or any country. When I come to review finally his record in the many

important relations of his life, and remember his unswerving advocacy of all that tended to raise the standard of teaching and of our profession; his resolute support of every progressive movement at the institutions with which he was connected; his unsurpassed ability as a clinical and didactic lecturer, and his conscientious discharge of the duties of those positions; his remarkable work as a practitioner, operator and consultant; his genuine love for that work, and his eager desire to acquire any new fact that might benefit his patients; his respect for every honest opinion, even if it differed from his own; his quick and ready sympathy and his tender treatment of all who claimed his help; his generous support of the feeble, the halting and the unfortunate in the profession; his gentle courtesy, kindly bearing and warm friendship which never failed in time of need, I can well believe not only that our profession has suffered an irreparable loss, but that there are many who, like myself, feel that they have sustained a personal bereavement which time may soften but cannot efface.

It is a consolation, gentlemen, to know that he lived to receive and appreciate the highest rewards that the profession has it in its power to offer. In the poem which our President read to him on the occasion of his jubilee in 1888, he recalled the imaginative promise of Minerva to the lad who a half century earlier had taken his degree in medicine:

> "But I will take you where the great have gone
> And I will set your feet in honor's ways;
> Friends I will give and length of crowded years,
> And crown your manhood with a Nation's praise."

When we mourn his departure from among us, and miss his strong hand and friendly face and wise counsel, it is at least some comfort to know that the honor and the friends and the praise came to him without stint, and that he died in the knowledge that he was the well-beloved, the "dear old man" of the profession.

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